Temporary Foreign Workers in Nursing in Alberta

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Executive Summary

Canada’s federally regulated Temporary Foreign Worker Program (TFWP) has grown in significance in the past decade, particularly in the province of Alberta. The “stock” of TFWs in Alberta increased seven-fold from 8,387 to 57,843 between December 1998 and 2008. In Canada overall, the number of TFWs doubled from 126,026 to 252,196 between 2004 and 2008. Despite this growth, there has been relatively little research into the effects of the TFWP.

This research study explores the effects of the TFWP in the high demand occupation of nursing by examining a cohort of TFW nurses who came to Edmonton, Alberta in 2007/8. The case study addresses issues of credential assessment, education and training and opportunities for permanent residence. The researchers interviewed 27 representatives from Alberta Health Services (1) and hospitals (3), unions (5), immigrant-serving agencies (2), professional licensing bodies/associations (3), education providers (1) and workers (12). A documentary review was also conducted.

The study finds that the TFW nurses experienced a series of obstacles and a high degree of vulnerability in credential recognition and residency status. This report identifies three primary themes. First, there was a disconnect between promises made to the TFWs before arrival and the realities upon arrival regarding residency, employment status, and the level of transition and integration support available. Also changing market realities shortly after arrival, with the onset of a downturn, intensified the TFWs’ precariousness.

Second the process of licensing as a registered nurse (RN) was complex and difficult, with the TFWs experiencing it as demeaning. Concerns are raised about costs, time, cultural bias and differences in training and scope of practice. TFWs from the Philippines experienced particular difficulties with the process.

Third, the process of moving from temporary to permanent residency was lengthy and complicated. TFWs came to Canada with an expectation that permanent residency would be made available to them. They found the ensuing process to be challenging and slow, and little support was offered to them, causing a high degree of stress and uncertainty.

The study identifies a series of implications for government, recruiters, employers, professional associations and unions related to occupations requiring formalized certification in Canada. The TFWP, with its lack of accountability and restriction of worker rights, may be ill-suited to address structural labour shortages of the nature experienced in health care. Greater transparency and attention to cultural bias in recruitment, credential and residency processes are required. In addition, further research is recommended into the effects of the TFWP on different occupational groups, including lower-skilled workers.
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**Temporary Foreign Workers in Nursing in Alberta**

**Rationale and Overview**

According to Citizenship and Immigration Canada (CIC), the initial entry of temporary foreign workers (TFWs) to Alberta more than tripled between 1998 and 2007. However, despite this growth, little research has been done on the Temporary Foreign Worker Program (TFWP) in Alberta or, for that matter, the rest of Canada (exceptions include Alberta Federation of Labour 2007, Higgenbottom 2010, Sharma 2001, 2006). Therefore much more work is needed to fully reveal the implications and effects of the Canadian TFWP.

Our research addresses this gap by examining the implications and effects of the TFWP. We ask: How does the TFWP in Alberta work for the high demand occupation of nursing? Related questions address issues around credential assessment, education and training, and opportunities for mobility and permanent residence. To explore these questions, we conducted an in-depth case study focused on nurses in Edmonton. We interviewed representatives from stakeholder groups—employers, unions, regulatory bodies, foreign recruiters, government, community agencies providing settlement services, as well as TFWs for this research. Our focus on nursing highlights policy-relevant issues related to certification and immigration processes, as well as workplace and community integration experiences. Findings provide evidence to inform policies in the areas of credential assessment and recognition, training, immigration, and workforce planning. This report is part of a multi-level dissemination plan aimed at the policy community.

**Background**

The TFWP in Canada was introduced in 1973 as the Non-Immigrant Employment Authorization Program (NIEAP), and has grown in significance in the past decade. The “stock” of TFWs in Alberta increased seven-fold from 8,387 to 57,843 between December 1998 and 2008. The “flow” of TFWs in Alberta also increased from 7,341 in 1998 to 24,371 in 2007. In Canada overall, the number of TFWs doubled from 126,026 to 252,196 between 2004 and 2008. The federal government manages the TFWP in addition to two other guest worker programs: the Seasonal Agricultural Workers Program (SAWP) and the Live-In Caregivers (LCP) Program. The TFWP is distinctive in that it includes high, middle, and low skill workers among a wide range of occupations and industries. In addition, the length of work permit and eligibility for permanent residence vary depending on skill level (Elgersma 2007). Originally designed to target highly skilled workers, the majority of TFWs are now low or middle skilled workers. Approximately 60% of TFWs were “low skill workers” in 2008 (Personal communication, Alberta Employment staff). Further, in 2007, the Philippines displaced the United States as the top source country, providing approximately 25% of TFWs in Alberta (compared to 12% from the US). 60% of TFWs in the province were male. It is widely acknowledged that guest worker programs are on the rise globally (Ruhs and Martin 2008, Sawchuk and Kempf 2008).
Generally, reasons given for these programs include:

- Temporary migration offers greater flexibility for employers who cannot find suitably skilled workers (Trumper and Wong 2007).
- The idea of being temporary makes them politically easier to sell to electorates who may feel threatened by more immigration (Abella 2006, p. 23/1).
- Concerns over the costs of immigration and integration leads to perceptions that “borrowing workers from lower-wage countries” and “restricting the rights of migrants” minimizes costs (Ruhs and Martin 2008, p. 260).
- TWF programs often serve as a filter for assessing the integration potential of migrants (Abella 2006, p. 22). It is argued that employers are often better able to assess the transferability of the worker’s foreign human capital than government staff (Warman 2007).
- The temporary migration process is faster than the process for permanent migrants.
- The program makes use of a transnational labour pool that does not seek permanent residency (Pastor and Alva 2004).
- Migrant workers are brought in to do the job Canadians do not want to do at the prevailing wage or conditions (Abella 2006).

Some writers argue that guest worker programs were once a quick fix for domestic labour market needs, but now are becoming part of human resource strategy, resulting in a “permanent peripheral pool of workers with which to fill low wage, low rights and low possibility jobs in Canada” (Sawchuk and Kempf 2009). TFWs become the ideal generic worker (Foster 2009). But this rotational system of employment can be troublesome if “employers and workers invest in job training but are unable to reap the resulting productivity gains” (Abella 2006, p. 5).

**Research questions**

A statistical profile of TFWs is available, including information about gender, source country, destination, and skill level. However, the diversity of TFWs suggests the need for in-depth contextualized research as well. Our research explores the experience of TFW policy on nurses in Edmonton. In 2007, Edmonton was among the top three initial entry points of TFWs to Alberta.

We asked: How does the TFWP in Alberta work for the nursing occupation? Sub-questions include: How are qualifications assessed and by whom? Is training provided for gaining Canadian certification? If so, how, and what are the outcomes? What opportunities are provided for nurses to use and enhance their skills in the workplace? What opportunities for mobility are provided? Are nurses encouraged to seek permanent residence? How are the experiences of TFWs affected by recession?

Like other countries experiencing shortages, Canada actively recruits qualified nurses from other countries (Iredale 2005). The College and Association of Registered Nurses of
Alberta assesses the qualifications of foreign nurses, and upon successful completion of a Substantially Equivalent Competence (SEC) assessment, they may work as Graduate Nurses and then write the licensing exam to become a registered nurse. Attention to certification highlights issues related to credential recognition. Exploring the experiences of TFWs that arrived around the time of the recession in late 2008 provides insights into the impact of labour market fluctuations on TFWs.

In sum, our research considers how the TFWP works in practice with a focus on credential assessment, work permits, and changes in citizenship status. We examined the different perceptions of employers, unions, professional credentialing bodies, foreign recruiters, community agencies, TFWs, and their co-workers regarding the roles and responsibilities of different players, practices, and pathways for TFWs.

Context

The published literature in this area reveals a growing body of research on guest worker programs, including the SAWP and the LCP, but little research focused specifically on TFWs in Canada. Related research considers the integration of immigrant workers and international labour trends (e.g., Li, 2003). Sharma (2001) describes guest workers as the “quintessential ‘flexible’ employee” within restructured labour markets (p. 436). Sawchuk and Kempf (2008, 2009) examine training for SAWP workers. Similarly, Baltodona and colleagues (2007) have conducted qualitative research with guest workers from the SAWP and LCP programs, focusing on the learning process im/migrant workers go through to survive and adapt. The issue of credential recognition and portability of qualifications is also examined. Sawchuk (2009) observes that occupational regulatory bodies in Canada have shown “‘significant foot-dragging’ on the issue of recognizing foreign credentials and experiences”(p. 4). Iredale (2005) explores models of qualification assessment of professional migrants from different countries and highlights the exclusionary practices of professional bodies and unions around credential recognition. She also identifies lack of access to training as a problem.

Clearly, gaps in the current research highlight the need for more extensive research on credential portability as well as ongoing skill development, particularly for TFWs. Many research studies have focused on the challenges faced by people entering Canada as permanent residents. For example, Lum and Turrittin (2007) examined bridging programs that are designed to help high skilled immigrants obtain professional licensure and employment in their intended profession. Mirchandani et al (2010) discuss the transitions of female immigrants of colour into precarious work in Canada. In general, studies suggest that compared to the non-immigrant population, immigrant workers have lower levels of income, higher levels of unemployment and underemployment, and less access to employer sponsored training. One question for our research is whether TFWs have the same experiences as immigrants.

The nursing profession in Alberta, as in many jurisdictions, has increasingly turned to internationally educated nurses (IENs) to address short term and structural labour shortages. This was particularly true in the mid-part of 2000s as the province experienced
a significant economic boom. The percentage of registered nurses in Alberta who are IENs jumped from 4.7% in 2005 to 10.0% in 2009 (Canadian Institute for Health Information 2010). In this context, 510 IENs were recruited through the TFWP by the health authority in Edmonton in 2007-2008. Shortly after the cohort’s arrival economic and political circumstances changed, and the province reversed its recruitment of new nurses and began a process of retrenchment, placing new arrivals in a precarious position. It is this cohort that we examine in this study.

**Method**

Serious shortages in nursing have been identified in recent years and processes have been established to assess credentials and provide training to these TFWs. Focusing on nursing highlights diversity in workers’ experiences related to type and location of work, gender, and countries of origin. We also attended to the effect of changing economic conditions on TFWs by focusing on workers who arrived around the recessionary period in 2008. Data collection involved formal and informal interviews with 27 representatives from Alberta Health Services (1) and hospitals (3), unions (5), immigrant-serving agencies (2), professional licensing bodies/associations (3), education providers (1) and workers (12). Additionally, we held informal discussions with provincial and federal government representatives. Finally, we collected documents related to the program and available statistics to develop a profile of TFWs in this occupational area.

We recruited interview participants who were seen as representative of the different stakeholder groups. Our interviews explored how they viewed their roles and responsibilities for TFWs in relation to training and integration, challenges and successes in their work, and suggestions for improving policy and practice. Interviews with TFWs were largely open ended with a focus on their education and work experiences in their home countries, reasons for applying, and experiences in Canada.

We followed the University of Alberta’s ethical guidelines for handling data (e.g., pseudonyms used for all participants, informed written consent required). The interviews were professionally transcribed and coded thematically.

**Findings**

Some of the themes that emerged in our analysis reinforce previous research results. In particular, the following three thematic clusters emerged:

1. Disconnection between workers’ expectations and actual experiences related to residency, the job, and support for transition and integration.

2. The challenges of becoming licensed in Canada as registered nurses (RNs) including concerns around costs, time, cultural bias, and differences in training and curriculum.
3. The challenges of moving from a temporary worker status to permanent residency.

The TFW nurses recruited to Alberta were classified by the RN professional body, the College and Association of Registered Nurses (CARN), as IENs, and were required to submit to a more protracted registration application process than Canadian-educated nurses. CARN representatives describe the application as a “three-step process,” summarized as follows (Interview September 13, 2010): The IEN must submit an application form, and documentary evidence of their nursing education and proficiency in English if it is not their first language. CARN reviews the application for eligibility to continue to step two. If the paper review cannot ascertain eligibility, CARN will require a Substantially Equivalent Competency (SEC), a one to five day evaluation currently conducted by Mount Royal University. If either the paper review or the SEC reveals deficiencies, the candidate is required to enroll in courses to address competency gaps. Of 510 SEC assessment reports for IENs received by CARN between November 2007 and the end of August 2009, 394 (77%) required bridging courses/program before being eligible for temporary registration or to write the Canadian Registered Nursing Exam (CRNE) (Armitage and Suter, 2010). The provincial government covered SEC costs; however costs of any additional coursework were borne by the applicant in most cases.

Step two of the process entails working 225 supervised hours under a temporary permit and then sitting the Canadian Registered Nursing Exam (CRNE). IENs have a significantly lower pass rate on the CRNE: in October 2008, it was 62.6% compared to 95.2% for Alberta-educated writers and in June 2009, it was 57.1% for IENs compared to 93.5% for Alberta-educated writers (Armitage and Suter 2010, p. 25). Step three is submission of the final application for permanent registration.

Studies have found that IENs experience the assessment process as demeaning (Higginbottom 2010). In addition, time-restricted work permits and increased competition for permanent positions meant that many faced time pressures and job uncertainty. Our interviews with workers suggest that they expected to become permanent residents and to work as registered nurses. They were generally aware that assessment of foreign credentials was part of the process, but were unaware that this could be a very lengthy process with no guarantee of licensure. A TFW working as a licensed practical nurse (LPN) articulates a common understanding about the assessment:

We didn’t know that that assessment is a SEC assessment—that we [then] have to undergo modules, undergo courses [if gaps are identified]. We thought that it’s just an assessment, like submitting all the requirements [e.g., credentials from home country]. We didn’t know that it’s [a 5-day] exam, we just happened to know once we were here [in Canada] already. So it’s a bit of a surprise for us. (Interview 11, LPN, July 2010)

Many wrote the LPN test to become certified and work as LPNs while they tried to become licensed as RNs. The complex immigration rules, registration process and temporary residency status created stress and anxiety among the TFWs. The unexpected
change in status came as a shock to some interviewees and de-stabilized their expectations of Canada.

Upon arrival in Canada, it was reinforced that TFWs’ positions were temporary:
Some of our colleagues sold houses and everything. We’re just told you’ve got the job, and yes I’m going to Canada and not coming back, I’ve got a job. But we didn’t know that the jobs that we had were temporary full time for one year, then you had to reapply. (Interview 5, RPN, July 2010, p. 7)

While most TFWs in nursing were led to believe that they could become permanent residents in Canada, the process turned out to be lengthy and difficult. Many returned to their home countries or moved to other provinces or countries when their work permits ran out. In 2008, it was fairly easy for an employer to gain approval from the federal government for an LMO. However, with an increase in the domestic unemployment rate, fewer LMOs were being approved, creating uncertainty. Some interviewees suggested that their employer did little to facilitate the AINP process, their only vehicle for permanent status:
[My friend] applied immediately for the AINP. Then after that she applied for the work permit, a few days before her work permit expired. Then they [federal government] denied her work permit and now she’s in, I don't know what they call it, resolving [restoration of status] or something like that, so that she can stay here. She still applied again for the work permit. She can’t work, because she’s under [restoration]. (Interview 8, LPN, July 2010, p. 11)

The AINP requirements that a nominee has secured permanent employment thus bumped up against the tight employment situation. TFWs were often deemed ineligible for the few jobs that opened up. As a unit manager says, “It is very frustrating. I have a couple of temporary lines [positions] here, but she [TFW] doesn’t qualify for a temporary line. If she wants to stay she has to find a permanent line, because that’s what her LMO and immigration [have said]” (Interview 13, p. 4).

The changing labour market for nurses soon revealed the marginal positions of TFWs. Permanent positions were scarce and TFWs were “put to the very bottom of the list” as employers began to consider Canadian graduates and internal people first (Interview 13, Unit manager, October 2010, p. 13). This did not sit well with the interviewees. Says one: [At first] everything was fantastic, you were well oriented and loved the job. I said wow, this is home; this is family. Then six months down the line you hear people talking, “oh there’s no more positions; these international nurses will be sent home after the first year.” (Interview 6, RN, p. 20)

Most workers interviewed discussed the uncertainty of their immigration status as very stressful. Ambiguity and a lack of transparency from the employer combined with difficulty navigating complex immigration processes left many feeling isolated and abandoned: “You came to look for us [recruit us] and you’re now saying, we don’t need you. To us it was really a bad experience” (Interview 5, RPN, July 2010, p 12).
Issues related to the recognition of foreign credentials are a recurring topic in discussions about Canadian immigration criteria. Because TFWs are tied to particular employers offering particular jobs, one might expect that the match between credentials and job requirements would be closer. However, the College and Association of Registered Nurses (CARNA) was not involved in the recruitment process for nursing TFWs and therefore, “there was never really a clear understanding of what CARNA wanted” (Interview 15, Manager, October 2010). This became a problem for many TFWs who were required to take multiple courses after the SEC and for those who then failed to pass the CRNE. As a participant from Alberta Health Services notes, “Many of them had to take up to 9, 10 courses” following the SEC assessment (Interview 1, April 2010, p. 23).

Some non-TFW interview participants referred to language skills as an obstacle as well as the generalist orientation of Canadian nursing education compared to the specialist orientation of nursing education in some other countries. On the other hand, TFWs who came directly from the Philippines voiced concern that they started work in Alberta as LPNs while nurses who came from the UK (even if their education was from the Philippines) were able to start as Graduate Nurses (a step closer to RN). This observation was confirmed by a unit manager: “It seemed to me the ones that came over from UK all got to work as registered nurses. The majority of the ones I met that came from Philippines came as LPNs” (Interview 15, p. 4). This was further confirmed by a representative from Alberta Health Services who indicated that all 333 Philippine workers were “deployed” as LPNs upon arrival, and probably fewer than 15 percent had laddered to RN positions (Personal communication, January 2011).

In addition to the cost of courses following the SEC assessment, workers generally felt that there was little preparation and support provided for nurses prior to the SEC, that the assessment process was unclear, and that there was little recourse for nurses who felt they had not been fairly assessed. As this TFW working as an LPN comments:

[F]or me doing the SEC, I don't think it’s that fair, because … they don’t [say] that you need to do this, you need to do that, to qualify. So we never know what’s the baseline for the SEC assessment? (p. 8) … If ever we want our SEC assessment to be reassessed, we need to pay $2,000, and it’s nonrefundable, whatever the result would be. So who can appeal? (Interview 8, p. 12)

Several interview participants also suggested that the CRNE exam was problematic, especially for IENs:

[The CRNE] is a very psycho-socio based exam. To me, it’s not an objective exam—[for example] “so and so has a heart rate of 140, is that outside normal ranges”? It’s [more like] “patient x is in the corner crying; should you go and talk to them? Should you tell your charge nurse?” It’s great if you’ve gone to school here [in Canada] because all of the exams in school prepare you for that exam. The NCLEX RN exam is the US exam; it’s very objective and technical. Ours is not. (Interview 15, Manager, October 2010, p 10)

The RN exam, and I would assume the LPN exam is probably similar, has a lot of things that are culturally biased. (Interview 1, AHS, April 2010, p. 25)
On the other hand, CARNA interview participants point to differences in scope of practice and curriculum as a source of the higher failure among IENs:

Nurses in some countries are not expected to question the plan of care that they’re involved in implementing, and would not be expected to advocate for their patients to the same degree that nurses in Alberta and Canada are. Those are all competencies and behaviors that are tested out on the exam. (Interview 12, p. 9)

Issues of cultural bias in the process and the exam were raised by TFWs, as well as by AHS and union representatives, while CARNA participants argued that standards of practice are higher in Alberta. Some participants suggested that IENs also have more difficulties in clinical practice; however a unit manager suggested that on-the-job performance and success on the CRNE did not always correlate. Many TFWs interviewed were unsuccessful in their efforts to become registered RNs, and ended up working as LPNs or returning home. And even those who were successful expressed frustration with the licensing process.

TFW nurses became members of unions—United Nurses of Alberta (UNA) for RNs or Alberta Union of Provincial Employees (AUPE) for LPNs. AUPE was perceived by a number of interviewees as advocating for the rights of TFWs while UNA was seen as taking a more ambivalent stance. For example, an LPN says about AUPE:

I attended that human rights seminar in December 2009 with AUPE. It really encouraged me to speak up and share our experiences (p. 9) … [The president] was also very up to date on what was happening with the Capital Health agreement, with the Temporary Foreign Workers program. He didn’t really stop investigating how we also got into this trouble, why Alberta Health didn’t put into black and white what was happening to us (Interview 7, July 2010, p. 9)

On the other hand, a manager felt that UNA had been less active:

UNA is a strong union and they help out their members. Back when I was a staff member, I was saying [to TFWs], you need to go and talk to the union; they represent you as much as they represent me. It was interesting. They kept a really low key for a long time. I was kind of surprised because that’s not UNA’s style … it seemed like they were actually the ones putting up barriers to these IENs than anything. We had jobs available that we could give them, but UNA had to waive us posting the job. (Interview 15, October 2010, p. 11)

However, CARNA representatives suggested that TFWs’ registration appeals had been supported by UNA even though an IEN was not “actually a dues paying union member” at the time (Interview 12, September 2010, p. 13). The registered nurses’ union therefore appeared to be trying to balance the interests of current members with those of IENs who are potential members.

AUPE was more active in negotiating on behalf of the TFWs as a group, arranging protections for them through letters of understanding. UNA, alternatively, held to its existing collective agreement which, one interviewee reported, served as a hindrance to
TFWs receiving permanent positions during the budget restrictions as it contained a clause giving priority to Alberta-based nursing school graduates.

A number of TFWs spoke about the change in co-workers’ attitudes toward them within a year of their arrival related to recession and health restructuring. A number felt also that the licensure process and their interactions with co-workers demonstrated a lack of respect for the knowledge they brought. Two of the TFWs interviewed had Masters degrees, which they said had not been recognized (one worked as an LPN and the other as an RN). Most noted the “loss in status” that they had experienced and as they moved from RN in their own countries to LPN or Graduate Nurse in Canada.

The responses of workers to their situations varied with most remaining silent for fear that “the employer might kick me out” (Interview 9, LPN, July 2010, p. 10). The silencing of university-educated workers speaks to the potential for even skilled workers to experience precarious work and feelings of vulnerability. While a few workers voiced concerns to groups like the Filipino Nurses Association (FNA) and the union, many felt that the fight may not be worth the effort: “you’re wondering, should you actually start saying something or should you just go back home?” (Interview 6, RN, July 2010, p. 22). In our interviews, TFWs candidly spoke about their disillusionment with their experiences in Canada. This disappointment is important to note given that we spoke only to nurses who had managed to stay in Alberta.

Many TFW interviewees felt that what success they did achieve, such as achieving permanent residency or passing the CRNE, was due to their own perseverance and determination, and that without phone calls, letters, and other self-advocating actions, they would no longer be in Canada.

**Discussion**

Systemic issues and larger questions around this program need to be addressed for current workers and future program recruits. Immigration (citizen/non citizen) and occupational (RN/LPN) categories impacted our study of TFWs in nursing. Interview data further suggest that barriers did not stem from any single group (e.g., government, recruitment agencies, local managers, unions, or professional associations) but rather from the intersections of practices of a number of players. We found also that some TFWs have challenged existing inequalities, supported in some cases, by unions and groups like the Filipino Nurses’ Association.

Nevertheless, the governmental TFWP rules were a significant barrier to the nurses’ aspirations for full citizenship rights in two ways. First, work-permit restrictions greatly limited the nurses’ capacity to self-advocate as workers or to respond as naturalized workers might in a crisis (e.g., find alternative employment). Second, relying on employers to link workers to permanent residency streams (particularly in a time of restraint) routed most TFW nurses into positions of impermanence and instability. Opaque and complex immigration structures meant that the clock ran out for many of these “just-in time” workers.
On the credential side, the licensing process to become an RN devalued foreign education and experience. IENs faced loss of status and financial cost as they undertook testing, often followed by remedial education and more testing, before acceptance into Canadian nursing practice. The differing perceptions of the CRNE point to the ways in which ‘objective’ criteria may contain culturally imposed assumptions about skill, knowledge and capacity. The extent to which these assumptions are racialized needs to be considered.

For example, UK trained nurses are perceived to have fared better in the regulatory process. The employment of many mainly Filipino RNs as LPNs in Canada was partly justified by these workers’ low wages and poor opportunities in their home countries. As a unit manager commented, “They’re very grateful for everything they get” (Interview 14, p. 8).

Despite the unexpected challenges upon arrival in Canada, most TFWs attempted to stay and reach their goals. This is likely to differ from those who returned home, and this paper unfortunately cannot speak to the experiences of that group. Despite their resilience, at the time of our interviews, many TFW nurses continued to experience immigration status insecurity, licensure restrictions, or both. A few had achieved both RN registration and permanent residency. It remains to be seen whether the acquisition of citizenship rights reduces their experience of social exclusion over time.

Implications

The use of temporary foreign workers has become a permanent feature of the Canadian labour market. Our analysis suggests some policy implications of the TFWP for occupations requiring formalized certification in Canada as follows:

• For government and employers: The TFWP, with its lack of accountability and restricted worker rights, may be ill-suited to addressing structural labour shortages of the nature experienced in health care. State processes (e.g. immigration, certification) have not provided the kind of flexibility that has been expected of foreign workers. Other models, such as that adopted in the province of Manitoba, tend to treat the TFWP as a step toward attracting long-term residents. While Manitoba brings in fewer workers, its approach also involves increased regulation of employment agencies through the Worker Recruitment and Protection Act (2009) (Levy 2010). In addition, in its recruitment of nurses, there seemed to be higher levels of support in the licensing and provincial immigrant nomination processes (Kominko 2010).

• For recruiters and employers: There is a need for greater clarity and transparency at the recruitment end of the process. Many negative experiences resulted from the gulf between promises made in the source country, both about residency and licensure, and realities upon landing in Canada. Little effort was made to integrate the newcomers at work and as part of the broader community.
For government and professional associations: Credential recognition in Canada as it applies to migrant workers is overly complex and laborious. The licensing process for RNs should be reviewed to ensure that it accurately reflects bona fide occupational requirements and does not embed cultural biases that unfairly disadvantage IENs.

For unions: their actions also shape the outcomes of efforts to incorporate migrant workers. Unions can be either friend or foe to TFWs, depending on how they choose to interpret their role in the dynamic.

Our analysis also has implications for other TFWs. If skilled workers are experiencing the observed levels of underemployment and precarious employment, we can expect less skilled workers to be even more vulnerable. The construction of a class of socially marginalized workers has implications for the domestic workforce as well as the foreign workers as workplace rights come under threat. This finding is significant as Canadian employers become increasingly dependent upon these workers.

Future research could expand the scope of this study by looking at how the program works in different occupations, particularly for ‘unskilled’ workers. A multi-provincial and/or international focus on TFWs would also provide useful information.

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Endnotes

1 The LPN occupation requires less formal education and pays a lower salary than registered nurse (RN). A unit manager suggested that the salary difference between RNs and LPNs is approximately $15 an hour and that benefits for RNs were better.

2 RPN stands for Registered Psychiatric Nurse.